## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail

08/03/2010

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or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to

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FISH & RICHARDSON P.C. P.O. Box 1022 Minneapolis, MN 55440-1022 Certificate of Mailing or Transmission
I hereby certify that this paper was filled with the Patent and
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Maryann White	(Depositor's name)
/Maryann White/	(Signature)
11/02/2010	(Date)

APPLICATION NO FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 08/05/2002 10592-00231351 09/980 150 George Keller TITLE OF INVENTION: METHOD OF USING AUTOLOGOUS FIBROBLASTS TO PROMOTE HEALING OF WOUNDS AND FISTULAS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755		\$755	11/03/2010

EXAMINER	ART	UNIT	CLASS-SUBCLASS		
AZPURU, CARLOS A.	16	15			
Change of correspondence address or indication of "Fet CFR 1.363).  [ ] Change of correspondence address (or Change of O Address form PTO/SB/122) attached.	Correspondence	names of up agents OR, a firm (having agent) and th	ng on the patent front page, list (1) the to 3 registered patent attorneys or Iternatively, (2) the name of a single as a member a registered attorney or the names of up to 2 registered patent	1. <u>Fish &amp; F</u>	Richardson P.C.
<ul><li>[ ] "Fee Address" indication (or "Fee Address" Indica PTO/SB/47; Rev 03-02 or more recent) attached. Use of the control of the contro</li></ul>		attorneys or	agents. If no name is listed, no name	3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)

Fibrocell Science, Inc. Exton, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government

4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Conies [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to

Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) [ ].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [ ]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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	/Stuart Macphail/			
Authorized Signature)		(Date) November 2, 2010		
yped or Printed Name	Stuart Macphail, Ph.D., J.D.	Registration No. 44,217		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) anso susception of information is required by 3 (J.S.R.). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by \$1 U.S.C. 12 and \$7 CPR. L.H. This collection is estimated to take IZ aiminus to complete, including agenting, preparing a submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Officer, U.S. Pattern after Tademark Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virgnia 2231-4450. DO NOT SEND FEIS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virgnia 2231-4450.

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